## PAŢENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

09/663811

|   |  | CLAIMS                                    | S AS FI    |   | 044414 54     |                   |                     |                        |                |                     |                        |  |
|---|--|---|------------|---|---------------|-------------------|---------------------|------------------------|----------------|---------------------|------------------------|--|
|   |  |   | (Column 1) |   | (Column 2)    | SMALL ENTITY TYPE |                     |                        | OR             |                     | THER THAN MALL ENTITY  |  |
| TOTAL CLAIMS  |  |   |            |   |               |                   | RATE                | FEE                    |                | RATE                | FEE                    |  |
| FOR   |  |   | .NU        | MBER FILED                                  | NUMBER EXTRA  | 7                 | BASIC FEE           |                        |                | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   |            | minus 20=                                   | •             | 1                 | X\$ 25=             |                        | OR             | X\$50=              | 4                      |  |
| INDEPENDENT CLAIMS  |  |   |            | minus 3=                                    |               |                   | X100=               |                        | OR             | X200=               |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESEN   |  |   |            |   |               |                   | +180=               |                        | OR             | +360=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |            |   |               | _                 | TOTAL               |                        | OR             | TOTAL               | :                      |  |
| CLAIMS AS FILED - PART II   |  |   |            |   |               |                   | •                   |                        |                | OTHER               | THAN                   |  |
| (Column 1)  |  |   |            | (Column 2)                                  | (Column 3)    | _                 | SMALL E             | NTITY                  | OR             | SMALL               |                        |  |
| AMENDMENT A   | 10/30/   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | .20                                       | Minus      | -20   | E             |                   | X\$ 25=             |                        | OR             | <del>X\$50</del> =  |                        |  |
|   | Independent                                    | . 3                                       | Minus      | -3  | =             |                   | X100=               |                        | OR             | X200=               |                        |  |
|   | FIRST PRES                                     | SENTATION OF                              | MULTIF     | LE DEPENDEN                                 | T CLAIM       | ]                 | +180=               |                        | <del>O</del> R | +360=               |                        |  |
|   |  |   |            |   |               |                   | TOTAL<br>ADDIT, FEE |                        | OR             | TOTAL<br>ADDIT, FEE |                        |  |
|   | •  | (Oakses 4)                                |            |   | (0.1          |                   |                     |                        |                |                     | •                      |  |
| <u></u>   |  | (Column 1)<br>CLAIMS                      | <u> </u>   | (Column 2)<br>HIGHEST                       | (Column 3)    | 1                 |                     | ADDI-                  | 1              |                     | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |            | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT EXTRA |                   | RATE                | TIONAL<br>FEE          |                | RATE                | TIONAL<br>FEE          |  |
|   | Total  | •   | Minus      | **  | =             |                   | · X\$ 25=           |                        | OR             | X\$50=              |                        |  |
|   | Independent                                    | •   | Minus      | ***   | =             |                   | X100=               |                        | OR             | X200=               | -                      |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |               |                   | +180=               |                        | OR             | +360=               |                        |  |
|   |  |   |            |   |               |                   | TOTAL<br>ADDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)                                |            | (Column 2)                                  | (Column 3)    |                   |                     |                        |                |                     |                        |  |
| AMENDMENT C   | · ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus      | 6-2   | =             | 11                | X\$ 25=             |                        | OR             | X\$50=              |                        |  |
|   | Independent                                    | •   | Minus      | ***   | = .           | 11                | X100=               |                        | OR             | X200=               |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |   |               |                   | +180=               |                        | OR             | +360=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** TOTAL ADDIT: FEE  ** ADDIT: FEE        |  |   |            |   |               |                   |                     |                        |                |                     |                        |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |            |   |               |                   |                     |                        |                |                     |                        |  |